

PRE-TRIP INSPECTION REPORT FOR TRAILER TOWED BEHIND SCHOOL BUS

District / Carrier _____ Date _____

Trailer Number or License Plate _____

Driver / Designee Signature _____

<u>Front of Trailer – Bus Connection</u>	<u>Okay</u>	<u>Defect</u>
Light plug and cord - (Securely plugged in)	<input type="checkbox"/>	<input type="checkbox"/>
Safety chains – (Hooks, chain / cable worn, securely mounted)	<input type="checkbox"/>	<input type="checkbox"/>
Hitch closed and locked	<input type="checkbox"/>	<input type="checkbox"/>
Trailer tongue bracket – (Bolts, welds or cracks)	<input type="checkbox"/>	<input type="checkbox"/>
Tongue frame rails	<input type="checkbox"/>	<input type="checkbox"/>
Lights (Side markers, ID lights if equipped)	<input type="checkbox"/>	<input type="checkbox"/>
Trailer or tongue jack raised	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sides of Trailer</u>	<u>Okay</u>	<u>Defect</u>
Fenders (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Tires (Tread depth, cut or cuts, sidewall and inflated)	<input type="checkbox"/>	<input type="checkbox"/>
Rims (crack(s) or bent)	<input type="checkbox"/>	<input type="checkbox"/>
Lug nuts (tight or missing)	<input type="checkbox"/>	<input type="checkbox"/>
Lights (Side markers)	<input type="checkbox"/>	<input type="checkbox"/>
Frame	<input type="checkbox"/>	<input type="checkbox"/>
Axle	<input type="checkbox"/>	<input type="checkbox"/>
<u>Rear of Trailer</u>	<u>Okay</u>	<u>Defect</u>
Lights (Tail, turn, stop, side marker, license plate light, ID lights if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Door or doors (latched and secured)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Brakes</u> (if equipped)	<u>Okay</u>	<u>Defect</u>
Service brakes	<input type="checkbox"/>	<input type="checkbox"/>
Breakaway / Emergency brakes	<input type="checkbox"/>	<input type="checkbox"/>
Minnesota annual inspection decal <u>if applicable</u> .		<input type="checkbox"/>

<p>Driver comments or explanation of defect(s) discovered:</p>

Repairs completed by: _____ Date: _____